

SHADY LANE NURSING CARE CENTER
1235 S 24TH ST

MANITOWOC 54220 Phone:(920) 682-8254

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 168

Total Licensed Bed Capacity (12/31/04): 168

Number of Residents on 12/31/04: 163

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 165

Non-Profit Corporation

Skilled

Yes

Yes

Yes

165

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.2	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		38.0	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years		36.8	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	41.1	65 - 74	6.7			-----	
Day Services	No	Mental Illness (Other)	0.0	75 - 84	21.5			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	55.8	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.7	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	3.7		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	25.8	65 & Over	98.8	-----			
Other Meals	No	Cerebrovascular	12.9		-----	RNs		10.8	
Transportation	No	Diabetes	3.1	Gender	%	LPNs		7.6	
Referral Service	No	Respiratory	5.5		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	8.0	Male	17.2	Aides, & Orderlies			
Provide Day Programming for								36.0	
Mentally Ill	No	-----	-----	Female	82.8	-----			
Provide Day Programming for			100.0		-----	-----			
Developmentally Disabled	No				100.0	-----			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	4	3.9	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.5	
Skilled Care	17	100.0	346	97	94.2	116	0	0.0	0	43	100.0	155	0	0.0	0	0	0.0	0	157	96.3	
Intermediate	---	---	---	2	1.9	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	17	100.0		103	100.0		0	0.0		43	100.0		0	0.0		0	0.0		163	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	3.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	4.3	69.3	26.4	163
Other Nursing Homes	4.6	Dressing	9.2	77.9	12.9	163
Acute Care Hospitals	84.7	Transferring	17.8	74.8	7.4	163
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	13.5	72.4	14.1	163
Rehabilitation Hospitals	0.0	Eating	41.7	44.2	14.1	163
Other Locations	7.6	*****				
Total Number of Admissions	131	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.7		Receiving Respiratory Care	3.7
Private Home/No Home Health	34.6	Occ/Freq. Incontinent of Bladder	59.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.7	Occ/Freq. Incontinent of Bowel	42.9		Receiving Suctioning	0.0
Other Nursing Homes	2.9				Receiving Ostomy Care	1.2
Acute Care Hospitals	9.6	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.6		Receiving Mechanically Altered Diets	37.4
Rehabilitation Hospitals	0.0					
Other Locations	16.9	Skin Care			Other Resident Characteristics	
Deaths	35.3	With Pressure Sores	5.5		Have Advance Directives	82.8
Total Number of Discharges		With Rashes	7.4		Medications	
(Including Deaths)	136				Receiving Psychoactive Drugs	49.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 100-199 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.2	94.4	1.04	86.9	1.13	87.7	1.12	88.8	1.11
Current Residents from In-County	98.2	77.1	1.27	80.4	1.22	70.1	1.40	77.4	1.27
Admissions from In-County, Still Residing	31.3	24.2	1.29	23.2	1.35	21.3	1.47	19.4	1.61
Admissions/Average Daily Census	79.4	115.9	0.69	122.8	0.65	116.7	0.68	146.5	0.54
Discharges/Average Daily Census	82.4	115.5	0.71	125.2	0.66	117.9	0.70	148.0	0.56
Discharges To Private Residence/Average Daily Census	29.1	46.1	0.63	54.7	0.53	49.0	0.59	66.9	0.43
Residents Receiving Skilled Care	98.8	97.0	1.02	96.9	1.02	93.5	1.06	89.9	1.10
Residents Aged 65 and Older	98.8	97.0	1.02	92.2	1.07	92.7	1.07	87.9	1.12
Title 19 (Medicaid) Funded Residents	63.2	64.4	0.98	67.9	0.93	68.9	0.92	66.1	0.96
Private Pay Funded Residents	26.4	24.7	1.07	18.8	1.40	19.5	1.35	20.6	1.28
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	41.1	35.9	1.14	37.7	1.09	36.0	1.14	33.6	1.22
General Medical Service Residents	8.0	24.7	0.32	25.4	0.31	25.3	0.31	21.1	0.38
Impaired ADL (Mean)	49.0	50.8	0.96	49.7	0.99	48.1	1.02	49.4	0.99
Psychological Problems	49.1	59.4	0.83	62.2	0.79	61.7	0.79	57.7	0.85
Nursing Care Required (Mean)	6.9	6.8	1.02	7.5	0.92	7.2	0.96	7.4	0.93